

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13186**

No. 300

10.48

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4024		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville,		0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassville Community Hosp.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Ola b. (Middle) Burks c. (Last) Burks			4. DATE OF DEATH (Month) (Day) (Year) 4-10-1953				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-14-1882	
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mano, Missouri	
12. CITIZEN OF WHAT COUNTRY? Usa							
13a. FATHER'S NAME William Burks			13b. MOTHER'S MAIDEN NAME Lucy Nickle			14. NAME OF HUSBAND OR WIFE Jennie Burks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jennie Burks-Cassville, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia				INTERVAL BETWEEN ONSET AND DEATH 24 hours			
ANTECEDENT CAUSES				DUE TO (b) Cerebral hemorrhage w. right hemiplegia 2 days			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Hypertensive Cardiovascular Disease 5 years			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 15, 1952 , to April 10, 1953 , that I last saw the deceased alive on April 10, 1953 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Arthur A. Michael, M.D. (Degree or title)				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED April 14, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-13-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Cassville, Missouri	
DATE REC'D BY LOCAL REG. Apr 16-1953		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Lambert ADDRESS Cassville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADE 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul D. Humbert

Licensed Embalmer No. 45-76

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.